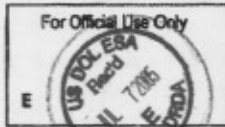


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number - U - <u>229</u>	2. Fiscal Year Covered From: <u>7</u> / <u>7</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Richard J. FarFaglia</u> P.O. Box, Bldg., Room No., if any _____ Street <u>404 Oak St</u> City <u>Syracuse</u> State <u>New York</u> ZIP Code + 4 <u>13217</u>	4. Name, file number, and address of labor organization. Name <u>SEIU NYS Council</u> Labor Organization File Number <u>541-321</u> P.O. Box, Building and Room Number, if any <u>7th Floor</u> Street <u>330 W. 42nd St</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>Communications Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard J. FarFaglia

On

6/17/05

Date

315-424-1743

Telephone Number

<p>Name <u>Communication Strategies</u></p> <p>Trade Name, if any: <u>                    </u></p> <p>P.O. Box, Bldg., Room No., if any <u>                    </u></p> <p>Street <u>422 Howard Rd</u></p> <p>City <u>Fulton</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13069</u></p>	<p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>                    </u></p> <p>Trade Name, if any: <u>                    </u></p> <p>P.O. Box, Bldg., Room No., if any <u>                    </u></p> <p>Street <u>                    </u></p> <p>City <u>                    </u></p> <p>State <u>                    </u> ZIP Code + 4 <u>                    </u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em; text-align: center;"><u>Consulting Services</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$24,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em; text-align: center;"><u>\$24,000 payment</u></p> <p>12.b. Amount. <u>\$24,000</u></p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>                    </u></p> <p>Trade Name, if any: <u>                    </u></p> <p>P.O. Box, Bldg., Room No., if any <u>                    </u></p> <p>Street <u>                    </u></p> <p>City <u>                    </u></p> <p>State <u>                    </u> ZIP Code + 4 <u>                    </u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment. <u>                    </u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	